

Department of Financial Institutions
PUBLIC RECORDS REQUEST

DIVISION OF BANKS
PO Box 41200
Olympia, WA 98504-1200
(360) 902-8704/FAX: (360) 753-6070 or (360) 704-6904

Banks Date Stamp

PLEASE PRINT Do not send any money until your are notified of the cost

PERSON REQUESTING

Name

Company

Mailing Address

City, State, ZIP

Telephone Number ()

FAX Number ()

NAME OF PUBLIC RECORD

Check document requested. Please specify which record is required and whether the document should be the most recent date or a particular year. There is no charge for items noted with an asterisk (*).

Name of Bank or Individual:

Date of Document

- | | | |
|---|---|--|
| <input type="checkbox"/> Application - Type _____ | <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Call report--Period* _____ |
| <input type="checkbox"/> Merger Documents | <input type="checkbox"/> Amendments to Articles | <input type="checkbox"/> Bylaws |
| <input type="checkbox"/> Agreements | <input type="checkbox"/> Offering Circular | <input type="checkbox"/> List of regulated institutions* |
| <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Certificate of Good Standing (There is a fee of \$100.00 for each Certificate ordered. Please specify the date you wish to have appear on the Certificate. Certificates cannot be post-dated.) | |

CONDITIONS FOR RELEASE OR REVIEW OF PUBLIC RECORDS

I agree that any list of individuals provided to me will not be used for any commercial purpose by myself or any other person I represent. I will protect the information from access by anyone who may use it for a commercial purpose, which means using the information for profit-making activities.

If I wish to inspect or review record(s), I agree to the following conditions: I will not remove the records from the designated area. The quantity of records may be limited. I will not mark or alter the records in any way. I will not destroy or deface the records in any way including writing on, folding or folding anew if in folded form, tracing or fastening with clips or other fasteners except those that already exist in the file. I will not cut or mutilate records in any way. I will keep the records in the order received. And I will return the records to the department when no longer required by me and no later than the end of customary office hours on the day provided.

Signature of Person Requesting Public Document

Date

The minimum charge is \$.15 per page. If the total is less than \$1.50, the fee may be waived. Please pay by check made payable to the Division of Banks. NSF checks will be subject to a \$20.00 fee.

Signature Authorizing Release of Records

Date

Date person contacted

Date request completed

Comments Below:

Number of copies _____

Cost

\$ _____

TOTAL DUE

\$